. S. No. 2
DM—8-43
v. 5-17-39
I X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Coroner

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 25234

FILED JUL 18 1945

Registration District No. 581 Primary Registration District No. 4515 Registrar's No.

**1. PLACE OF DEATH:**

(a) County Sullivan
(b) City or town Milan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 61 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Sullivan 105
(c) City or town Milan - Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME Auby Lee Brassfield

3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex M. O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maggie Brassfield
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Nov (Month) 6 (Day) 1883 (Year)

8. AGE: Years 61 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Sullivan Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Granvill B Brassfield
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Orpha Lane
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Emerson Perkins
(b) Address Milan Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation Beardstown near Milan
18. (a) Signature of funeral director Schoenes
(b) Address Milan Mo
19. (a) Mr. (Date received local registrar) (b) Mrs. L. D Green (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 1
year 1945 hour 1 minute P M.
21. I hereby certify that I ~~attended the deceased from~~ saw the deaceased on May 1, 1945
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by gunshot in head.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
164
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence May 1 - 1945
(c) Where did injury occur? Milan (City or town) Sullivan (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home - shot himself
(Specify type of place)
While at work? (e) Means of injury with a gun.
23. Signature G. A. Dale (M. D. or other) DO
Address Newtown Mo Date signed 5/3/45

June 6-45 1140 (Licensed Embalmer's Statement on Reverse Side) County Coroner.

RECEIVED
District Health Officer No. 10
District File Number 7-45-1185
Date Filed JUL 17 1945

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Gulay Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**